



**EMPLOYEE OCCUPATIONAL ACCIDENT REPORT**

CASE NUMBER: \_\_\_\_\_

TODAY'S DATE: \_\_\_\_\_

**A. EMPLOYEE INFORMATION:**

1. NAME: \_\_\_\_\_
2. HOME ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_
3. EMAIL ADDRESS: \_\_\_\_\_
4. PHONE (Work): \_\_\_\_\_ (Home): \_\_\_\_\_ (Cell): \_\_\_\_\_
5. DATE OF BIRTH: \_\_\_\_\_ 6. SEX: \_\_\_\_\_ M \_\_\_\_\_ F
7. JOB TITLE: \_\_\_\_\_
8. DEPARTMENT: \_\_\_\_\_
9. SUPERVISOR: \_\_\_\_\_
10. SUPERVISOR'S PHONE: \_\_\_\_\_

**B. SYNOPSIS OF ACCIDENT:**

**1. CIRCUMSTANCES OF ACCIDENT/INJURY:**

- a. Location of Accident: \_\_\_\_\_
- b. Date and Time of Accident: \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.
- c. Activity Engaged In: \_\_\_\_\_

\_\_\_\_\_

d. How Accident/Injury Occurred: \_\_\_\_\_

\_\_\_\_\_

e. Witnesses (Name, Department and Phone Number): \_\_\_\_\_

**2. EMPLOYEE FIRST BECAME AWARE OF INJURY:**

- a. Date: \_\_\_\_\_ b. Circumstances: \_\_\_\_\_

**3. NOTICE TO UNIVERSITY OF ACCIDENT/INJURY:**

- a. Date Notice Given: \_\_\_\_\_
- b. Notice Given By: \_\_\_\_\_
- c. University Employee to Whom Notice Given: \_\_\_\_\_

4. OTHER INFORMATION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**C. INJURY AND TREATMENT:**

1. TYPE AND DESCRIPTION OF INJURY: \_\_\_\_\_  
\_\_\_\_\_

2. IMMEDIATE PROFESSIONAL MEDICAL ATTENTION:

a. Employee: \_\_\_\_\_ Secured \_\_\_\_\_ Did Not Secure

b. Supervisor: \_\_\_\_\_ Required \_\_\_\_\_ Did Not Require

3. IF DETERMINATION WAS MADE BY UNIVERSITY EMPLOYEE OTHER THAN SUPERVISOR,  
GIVE NAME AND POSITION: \_\_\_\_\_

4. INITIAL TREATMENT:

a. Date and Time of Treatment: \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.

b. Physician or Hospital: \_\_\_\_\_

c. Summary: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. ADDITIONAL TREATMENT: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. ADDITIONAL INFORMATION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**X** \_\_\_\_\_

**SIGNATURE OF INJURED EMPLOYEE**

**X** \_\_\_\_\_

**DATE**

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I have reviewed the above accident report submitted by the employee under my charge and:

\_\_\_\_\_ to the extent of my knowledge of the circumstances involved, the accident and injury claim  
appears to be accurate and in order. I have no objection to approval of this claim.

\_\_\_\_\_ I would like to submit comments regarding this claim. (Notations may be made on a separate  
sheet of paper and attached to this report.)

**X** \_\_\_\_\_

**SIGNATURE OF INJURED EMPLOYEE'S SUPERVISOR**

**X** \_\_\_\_\_

**DATE**